

FOR PAYROLL:

PLEASE PRINT CLEARLY

NAME: _____ TEL.# () _____

1st ADDRESS LINE: _____

2nd ADDRESS LINE (optional): _____

CITY, STATE, ZIP CODE: _____

DATE OF HIRE: _____

DATE OF BIRTH: _____

SS# _____

MALE: _____ FEMALE: _____

POSITION: _____

WITHHOLDING: **MUST BE THE SAME AS ON W-4 FORM**

Single: _____ Claiming: _____

Married: _____ Claiming: _____

Married, but withhold at higher single rate: _____ Claiming: _____

Additional amount, if any, you want withheld from each paycheck: _____

FOR BOARD OFFICE ONLY: DO NOT WRITE BELOW THIS LINE

PT: _____ FT: _____ STEP: _____

EMPLOYEE TYPE: SALARY: _____ HOURLY: _____

ANNUAL SALARY: \$ _____

PERPAY: \$ _____ HOURLY: \$ _____

10 OR 12 MONTH: _____

DEPT NO.: _____

- Federal W-4 Form
- Mandatory DD Form
- Pension Enrollment/Transfer Form/DCRP
- Health/Dental Enrollment Form (FT Status Only)
- Benefit Waiver Form (FT Status Only)